



Howard County, Maryland
Office of Purchasing

INVOICE

EQUAL BUSINESS OPPORTUNITY (EBO) SUBCONTRACTOR PARTICIPATION

The County's EBO Program requires either an on-site review or documentation to be provided to ensure EBO Subcontracting Participation. To assist in the documentation of your firm's participation and compliance with Howard County's EBO goals, **this form is designed to replace your standard invoice or to accompany your invoice for payment** from Howard County, Maryland. **Both pages of this form need to be completed for payment processing as well as a COPY of this form sent to THE OFFICE OF PURCHASING, 6751 COLUMBIA GATEWAY DR., STE 501, COLUMBIA, MD 21046, ATTN: JACKIE DONALDSON-GREY or jgrey@howardcountymd.gov.**

Bill To:

User Agency: _____
Street Address: _____
City, ST, Zip: _____
Phone Number: _____

Purchase Order or Suborder No.: *(issued from Howard County)*

Contract Title: *(issued from Howard County)*

Original Contract Amount:

(issued from Howard County)

\$0.00

Total Contractor Amount Billed to Date:

(includes this month's bill)

\$0.00

Total Amount Paid to Contrator:

\$0.00

Balance Due to Contractor:

(this month's bill)

\$0.00

Percent of Work Completed to Date:

0%

From:

Company Name: _____
Street Address: _____
City, ST, Zip: _____
Phone Number: _____

For the Period of: _____



Partial Payment *(against referenced PO/SO# above)*

\$0.00



Final Payment *(against referenced PO/SO# above)*

\$0.00

Quantity	Description of Goods Delivered/Services Performed for Howard County	Unit Price	Total
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
	Tax	\$0.00	\$0.00

Tax - Sales Tax Exemption No. 30001219

Total

0.00



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EBO Subcontractor

Company Name: _____
Street Address: _____
City, ST, Zip: _____
Phone Number: _____

*** REMINDER: EBO SUBCONTRACTORS ALSO REPORT THEIR PARTICIPATION TO THE OFFICE OF PURCHASING MONTHLY ON THE COUNTY'S STANDARD FORM THAT REQUIRES ITEMIZED INVOICES. CONTACT THE EQUAL BUSINESS OPPORTUNITY COORDINATOR IN THE OFFICE OF PURCHASING, WITH EBO PARTICIPATION QUESTIONS AT (410) 313-3694.**

EBO Participation Goal: 0% **or** _____ \$0.00
(from the EBO Participation Form)

Total EBO Amount Billed to Date: _____ \$0.00
(includes this month's bill)

Total Amount Paid to EBO Subcontractor: _____ \$0.00

Balance Due to EBO Subcontractor: _____ \$0.00
(this month's bill)

Total Percent EBO Participation Goal to Date: _____ 0%

Invoice# from EBO Subcontractor	Date of Invoice	Description of Invoice	Total Invoice Amount	Amount Paid to EBO SubContractor
Total			\$0.00	\$0.00

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief, the work covered by this invoice has been completed in accordance with the contact and that the current payment shown herein is now due.

Prime Contractor Authorized Signature

Date